

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/30/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152545		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 09/20/2013	
NAME OF PROVIDER OR SUPPLIER BLUE RIVER VALLEY RENAL CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 2309 S MILLER ST STE 106 SHELBYVILLE, IN 46176			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{V 000}	<p>INITIAL COMMENTS</p> <p>This was a revisit for the Federal ESRD recertification survey completed on 8-5-13, 8-6-13, and 8-7-13.</p> <p>Survey Date: 9-20-13</p> <p>Facility #: 010000</p> <p>Medicaid Vendor #: 200827250D</p> <p>Surveyor: Vicki Harmon, RN, PHNS</p> <p>Three (3) Conditions for Coverage and seventeen (17) standard level deficiencies were found to be corrected as a result of this survey.</p> <p>Blue River Valley Renal Center was found to be in compliance with the Conditions for Coverage for ESRD facilities 42 CFR Part 494.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN September 30, 2013</p>			{V 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.